** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

OMB No. 1545-0047

ΑI	For the	e 2022 calendar year, or tax year beginning UL 1, 2022 and ending	JUN 30, 2023			
	Check if applicable	C Name of organization	D Employer ide	ntificatio	n number	
	Addre:					
	Name chang	Doing business as	36-39763	313		
	Initial return Final return	Number and street (or P.O. box if mail is not delivered to street address) Room/ 1140 CONNECTICUT AVENUE, NW 1200	suite E Telephone nur			
	termin ated		G Gross receipts \$		22,261,93	39.
Г	Ameno	3	H(a) Is this a grou	ıp return		
F	Applic	·	for subordin	-	Yes X	No
	pendir	SAME AS C ABOVE	H(b) Are all subordina		·· — —	No
1	Гах-ех	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or			See instructions	
	Websit		H(c) Group exem	ption nur	mber	
K	orm of	organization: X Corporation Trust Association Other L	Year of formation: 1994	M Stat	te of legal domicile; ¹	DE
Pa	art I	Summary				
•	1	Briefly describe the organization's mission or most significant activities: SEE SCHEDUL	E O			
Governance						
rna	2	Check this box if the organization discontinued its operations or disposed of	more than 25% of its ne	t assets.		
ove.	3	Number of voting members of the governing body (Part VI, line 1a)		3		26
		Number of independent voting members of the governing body (Part VI, line 1b)		4		25
S S	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		5		31
Viti	6	Total number of volunteers (estimate if necessary)		6		25
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	-6,90	00.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b		0.
			Prior Year		Current Year	
Φ	8	Contributions and grants (Part VIII, line 1h)	7,247,39		13,459,07	
nue	9	Program service revenue (Part VIII, line 2g)	670,13		268,64	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,125,2		782,35	
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	164,9	54.	250,72	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,207,7	58.	14,760,79	99.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,493,72		1,571,56	57.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.		0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,344,29		4,156,79	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.		0.
ж	b	Total fundraising expenses (Part IX, column (D), line 25) 1,840,996.				
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,227,52		8,283,24	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,065,54		14,011,60	
	19	Revenue less expenses. Subtract line 18 from line 12	-857,78		749,19	3 3.
Net Assets or	3		Beginning of Current Ye		End of Year	
sset	20	Total assets (Part X, line 16)	55,186,73		62,237,76	
at A	21	Total liabilities (Part X, line 26)	3,618,1		5,621,77	
Ž	22	Net assets or fund balances. Subtract line 21 from line 20	51,568,5	59.	56,615,99) 1.
	art II	Signature Block				
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and st		ot my knov	vieage and belief, it i	IS
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer nas any knowledge.			—
۵.		Signature of officer	Date			
Sig			Date			
Her	·e	EDWARD FOSTER-SIMEON, PRESIDENT AND CEO Type or print name and title				
			↑ Date Chec	, m	PTIN	—
Da!		Print/Type preparer's name RRISTEN BARNETT RRISTEN BARNETT	In F (1.4 (0.4) if			
Paid		7 7			01234578 0714325	
	parer	THIN STRAINS	Firm's EIN	42-0	114323	
use	Only	7 11 11 5 4441 555	Discon	013.314	-2300	
	. 41 . 27	TAMPA, FL 33602	Phone no.	013-316		
May	y the IF	RS discuss this return with the preparer shown above? See instructions			X YesI	No

Pa	t III	Statement of Program Service Accomplishments	
		Check if Schedule O contains a response or note to any line in this Part III	
1		efly describe the organization's mission:	
		E MISSION OF THE U.S. SOCCER FOUNDATION IS TO PROVIDE UNDERSERVED	
		MMUNITIES ACCESS TO INNOVATIVE PLAY SPACES AND EVIDENCE-BASED SOCCER	
		OGRAMS THAT INSTILL HOPE, FOSTER WELL-BEING, AND HELP YOUTH ACHIEVE	
	THEI	EIR FULLEST POTENTIAL.	
2	Did tl	the organization undertake any significant program services during the year which were not listed on the	
	prior	or Form 990 or 990-EZ?	es 🗓 No
	If "Ye	Yes," describe these new services on Schedule O.	
3	Did tl	the organization cease conducting, or make significant changes in how it conducts, any program services? Y	es 🗓 No
	If "Y∈	Yes," describe these changes on Schedule O.	
4	Desc	scribe the organization's program service accomplishments for each of its three largest program services, as measured by expens	es.
	Secti	ction 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses	s, and
	rever	renue, if any, for each program service reported.	
4a	(Code:	de:) (Expenses \$7,911,662. including grants of \$1,571,567.) (Revenue \$	268,647.
	THE	E FOUNDATION VIEWS SOCCER AS A POWERFUL VEHICLE FOR SOCIAL CHANGE. BY	
	SUPF	PPORTING THE DEVELOPMENT OF PLACES TO PLAY, PLACES TO GROW, AND	
	PLAC	ACES TO LEARN, OUR GOAL IS TO ENSURE THAT CHILDREN IN UNDERSERVED	
	COMM	MMUNITIES HAVE EASY AND AFFORDABLE ACCESS TO QUALITY SOCCER PROGRAMS	
	THAT	AT SUPPORT THEIR PHYSICAL AND PERSONAL DEVELOPMENT.	
4b	(Code:	de:) (Expenses \$ 1 , 840 , 996 including grants of \$ 0) (Revenue \$	0.)
	PUBL	BLIC AWARENESS: TO FOSTER PUBLIC INTEREST AND ENTHUSIASM FOR SOCCER	
	AS A	A SPORT AND AS A VEHICLE FOR YOUTH DEVELOPMENT AND SOCIAL CHANGE.	
4c	(Codo:	de:) (Expenses \$1,233,842. including grants of \$0.) (Revenue \$	0.)
70		BLIC ADVOCACY - THE FOUNDATION'S ADVOCACY EFFORTS FOCUS ON USING	
		ORT AS A VEHICLE TO PROMOTE YOUTH DEVELOPMENT, HEALTH AND WELLNESS,	
		D POSITIVE SOCIAL CHANGE. THIS INCLUDES COMBATING CHILDHOOD OBESITY,	
		EVENTING YOUTH DELINQUENCY, AND PROVIDING YOUTH WITH SAFE AND	
		CESSIBLE PLACES TO PLAY - A CRITICAL NEED PARTICULARLY IN UNDERSERVED	
		MMUNITIES.	
	COM	MMONIIIES.	
4d	Othe	ner program services (Describe on Schedule O.)	
	(Expen	penses \$ including grants of \$) (Revenue \$)	
4e	Total	tal program service expenses 10,986,500.	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		37
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
_	Schedule D, Part III	8		Λ
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	•		х
40	If "Yes," complete Schedule D, Part IV	9		Λ
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		х
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Λ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	Ha		
b		11b		х
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
ч	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	X	

Form 990 (2022) UNITED STATES SOCCER FOUNDARY Part IV Checklist of Required Schedules (continued)

	continued)			
00	Did the assessination was sixtured than \$\tilde{\pi} \Gamma 000 of assessination and the assessination of a sixtured to the si		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	00		Х
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Λ
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete</i>			
	•	23	x	
24 2	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
24 a	last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete</i>			
		24a		Х
b	Schedule K. If "No," go to line 25a	24b		
	Did the organization mintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·		24c		
Ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	234		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	·	25b		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	and the state of t	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
_	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
Ū	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
	Colorado N. Dort II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	'		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

36-3976313

Form 990 (2022)

UNITED STATES SOCCER FOUNDATION INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12b 15 Feetion 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 15 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O.	Yes	No
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a bid the organization have unrelated business gross income of \$1,000 or more during the year? 3a bid if year, has fitted a form 990 of the tile year ("I've") to line 3b, provide an explanation on Schedule O ("As a year than the unit of the organization have an interest in, or a signature or other authority over, a financial accountly such as a bank account, securities account, or other financial accounts? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? 4a bif "Yes," end the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a bid any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b bid "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductables a charable contributions? 5b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax doductables? 7c organizations that may receive deductible contributions under section 170(c). 8d if were not tax doductables? 7d organization state may receive deductable contributions under section 170(c). 8d if Yes, "indicate the number of Forms 8282 filed during the year 7d organization state may find a first year and a contribution of the agent of the organization file forms 8282? 7e bid the organization exceeded a contribution of qualified intellectual property, did the organization file a form 1908 or the wise of the organization state and party orthibutes of a contribution of a contribution of a donor, donor advised, fun		
38 bit the organization have unrelated business gross income of \$1,000 or more during the year? 40 bit 1'Yes, 1' and 1' filed a Form 990-for this year? 1' Mo' to time 3b, provide an explanation on Schedule 0 41 Al any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? 42 Bit 1'Yes, 1' and the foreign country (such as a bank account, securities account, or other financial accounts? 53 Was the organization and the foreign country. 54 Was the organization in foreign the foreign country. 55 Was the organization and the organization that it was or is a party to a prohibited tax shelter transaction? 56 Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 56 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization located with every solicitation an express statement that such contributions or gifts were not tax deductible? 57 Organizations that may receive deductible acchieves a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 58 If Yes, 3' did the organization molity the donor of the value of the goods or services provided? 59 If Yes, 3' did the organization molity the donor of the value of the goods or services provided? 50 If the organization organization and party services and party services and party organization and party services. 50 If Yes indicate the number of Forms 8282 filed during the year 50 If Yes, 1' middle the organization molity the donor of the value of the goods or services provided? 51 Did the organization organization during the year payment in excess of \$75 made party as a contribution of accordance organization file from 10 the year payment in the		
b if "Yes," has it filled a Form 990-T for this year? If "No'r to line 2b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAF). b if "Yes," enter the name of the foreign country See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line Sa or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles as charitable contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Did the organizations that may receive deductible contributions under section 170(c). 6c Did the organization settle a payment in excess of \$75 made party as a contribution and party for proble and services provided to the payor? 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7c Did the organization receive a payment in excess of \$75 made party as a contribution of quantial property for which it was required to file Form 8282? 7c Did the organization receive any rytinds, directly or indirectly, to pay premiums on a personal benefit contract? 7 put of the organization receive any rytinds, directly or indirectly, to pay premiums on a personal benefit contract? 7 put of the organization received a contribution of quantified intellectual property, did the organization received and contribution of quantified i	Х	
4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAP). 5b If 'Yes,' enter the name of the foreign country 5c instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAP). 5c instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAP). 5c in If 'Yes' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c if 'Yes' to line 5a or 5b, did the organization file form 888P17. 5c if 'Yes' to line 5a or 5b, did the organization file form 888P17. 5c if 'Yes' to line 5a or 5b, did the organization file form 888P17. 5c if 'Yes' to line 5a or 5b, did the organization file of the achievable contributions? 6c if 'Yes' to line organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c organization stat any receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 5c organization stat may receive deductible contributions under section 170(c). b if 'Yes', 'did the organization nichly the donor of the value of the goods or services provided? 7c organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7d of if 'Yes' indicate the number of Forms 8282 filed during the year 7d of if 'Yes' indicate the number of Forms 8282 filed during the year 7d of if 'Yes' indicate the number of Forms 8282 filed during the year 7d of if 'Yes' indicate the number of Forms 8282 filed during the year 7d of if 'Yes' indicate the number of Forms 8282 filed during the year 8 openation granization number of Forms 8282 filed du		Х
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17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities		
If "Yes," complete Form 6069.		

Form 990 (2022) UNITED STATES SOCCER FOUNDATION INC. 36-3976313 Page
Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI				Х
Sec	ction A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	26			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b		25			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any	other			
_	officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct su				
Ū			3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi	led?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6			6	Х	
			-		
7a	more members of the governing body?		70	х	
L	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholde		7a		
D			71.		х
	persons other than the governing body?		7b		Λ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the fo	· ·		v	
a			8a	X	
b	, , , , , , , , , , , , , , , , , , , ,		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				v
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		Х
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	ode.)			
40			40	Yes	No X
	Did the organization have local chapters, branches, or affiliates?		10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, a	•	401		
44-		:::	10b	х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before f	lling the form?	11a	Λ	
b			40	х	
12a	1 , " '10, go to mio 10		12a	X	
b			12b	Λ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," descriptions of the organization regularly and consistently monitor and enforce compliance with the policy?		40-	х	
40	on Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14	Λ	
15	Did the process for determining compensation of the following persons include a review and approval by indep	pendent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			v	
	The organization's CEO, Executive Director, or top management official		15a	X	
b	Other officers or key employees of the organization		15b	Х	
40	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	_			
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with		40-		Х
	taxable entity during the year?		16a		Λ
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its part	icipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		401		
Soc	exempt status with respect to such arrangements?		16b		
17 10	List the states with which a copy of the Form cost is required to be med	(postion FO1/=)/(0)) anl: .\	0.40:1-1	ale.
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T	(Section 501(C)(3)	ь опіу)	avallat	лe
	for public inspection. Indicate how you made these available. Check all that apply.				
	X Own website Another's website X Upon request Other (explain on Sche	,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	nterest policy, and	tinand	cial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and re	ecords			
	ROB KALER, COO & GENERAL COUNSEL - (202) 872-9277 1140 CONNECTICUT AVENUE, NW, 1200, WASHINGTON, DC 20036				
	TITO CONTINUE TOOL INVENTOR, INT. IZOO, MINDITINGION, DC ZOOJO				

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization in	nor any related	orga	niza	tion	con	nper	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos heck		າ than ເ	one	Reportable	Reportable	Estimated
	hours per					s both		compensation	compensation	amount of
	week (list any							from the	from related organizations	other compensation
	hours for	direct				_		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	nal tru		oyee	om pe		1099-NEC)	,	and related
	below	Individual trustee or director	Institutional trustee	je,	Key employee	Highest compensated employee	Je.			organizations
	line)	ng.	Insti	Officer	Ke	High	Former			
(1) ED FOSTER-SIMEON	40.00	-							_	
PRESIDENT & CEO		Х		Х				458,893.	0.	88,430.
(2) ROBERT KALER	40.00									
COO & GENERAL COUNSEL					Х			289,418.	0.	50,820.
(3) VIGINIA EHRLICH	40.00	1								
CHIEF REVENUE OFFICER						Х		254,915.	0.	21,749.
(4) SARAH PICKENS	40.00	-						1.50.510	•	00 440
ASSOCIATE VP OF PROGRAMS	40.00				Х			168,619.	0.	23,419.
(5) JENNIFER ARNOLD	40.00	-				х		160 277	0.	10 554
ASSOCIATE VP OF MARKETING & COMM (6) ALEXANDER BARD	40.00					Λ		169,277.	0.	12,554.
	40.00	1				х		120 527	0.	11 460
SR DIRECTOR, SAFE PLACES TO PLAY (7) SCOTT LAGRAND	40.00					Λ		130,537.	0.	11,469.
VP CORPORATE DVLPMNT/PARTNERSHIPS	40.00	-				х		130,449.	0.	10,622.
(8) MICHAEL VAUGHAN CHERUBIN	40.00					Λ		130,443.	٠.	10,022.
SENIOR DIRECTOR PROGRAMS	10.00	1				х		128,026.	0.	11,777.
(9) PETER LUTHER	5.00									,•
CHAIRPERSON		x		х				0.	0.	0.
(10) DAVID NATHANSON	5.00								-	
TREASURER		х		х				0.	0.	0.
(11) DANA WEINTRAUB	5.00									
SECRETARY		х		х				0.	0.	0.
(12) CHARLES STIMSON	1.00									
BOARD MEMBER		х						0.	0.	0.
(13) BRIAN WEINSTEIN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) DANIELLE SLATON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(15) KYRA BARRY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(16) JASON FOX	1.00	1								
BOARD MEMBER		Х						0.	0.	0.
(17) COBI JONES	1.00									
BOARD MEMBER		X						0.	0.	0.

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1 01111 330 (2022)	ATES SOCCER FO					•			36-397631	3 Page 8
Part VII Section A. Officers, Directors,		loy	ees,			ghes	t Co		s (continued)	
(A)	(B)			(((D)	(E)	(F)
Name and title	Average hours per week	box	box, unless pers		ck more than one person is both an director/trustee)			Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) HEATHER HIGGINBOTTOM	1.00									
BOARD MEMBER		Х						0.	0.	0.
(19) KAREN BRODKIN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(20) DOUG LYONS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(21) COURTNEY REUM	1.00									
BOARD MEMBER		Х						0.	0.	0.
(22) DR. JANE L. DELGADO BOARD MEMBER	1.00	х						0.	0.	0.
(23) JIM MESSINA	1.00									
BOARD MEMBER		х						0.	0.	0.
(24) JOANN NEALE	1.00									
BOARD MEMBER		х						0.	0.	0.
(25) JUERGEN SOMMER	1.00									
BOARD MEMBER		х						0.	0.	0.
(26) PAUL BRITTON	1.00									
BOARD MEMBER		х						0.	0.	0.
1b Subtotal								1,730,134.	0.	230,840.
c Total from continuation sheets to Pa								0.	0.	0.
d Total (add lines 1b and 1c)								1,730,134.	0.	230,840.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
GOLDIN GROUP, 4641 MONTGOMERY AVE STE 300,		
BETHESDA, MD 20814	CONSULTING	188,500.
MY HR CONSULTANT, LLC		
6503 CURRY MANOR COURT, BETHESDA, MD 20817	CONSULTING	121,625.

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 2

10

Form 990 UNITED STATES	S SUCCER FO									313
Part VII Section A. Officers, Directors, Tru	stees, Key En	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	es (continued)	
(A) Name and title	(B) Average hours			(O Pos	C) ition that			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensatior from the organization and related organizations
(27) PETER LUTHER	1.00	v						0	0	
BOARD MEMBER	1 00	Х						0.	0.	(
(28) DAVID SUTPHEN	1.00							_	_	
BOARD MEMBER		Х						0.	0.	(
(29) LEIGHTON WELCH	1.00									
BOARD MEMBER		Х						0.	0.	-
(30) CHARLES MARSHALL	1.00									
BOARD MEMBER		Х						0.	0.	(
(31) MARK WILLIAMSON	1.00									
BOARD MEMBER		Х						0.	0.	(
(32) CINDY PARLOW CONE	1.00									
BOARD MEMBER		Х						0.	0.	
(33) SEAN WOODROFFE	1.00									
BOARD MEMBER		Х						0.	0.	(
	1	I	l	1	1	İ		1		

Form 990 (2022) UNITED STAR

			Check if Schedule O c	onta	ins a res	ponse o	or note to any lin	e in this Part VIII			
			CHOOK II CONGAGO C C	01110		ропос	or rioto to driy iii	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded
									function revenue	business revenue	from tax under sections 512 - 514
S so	1	2	Federated campaigns		1:						
Contributions, Gifts, Grants and Other Similar Amounts											
يج ق			Membership dues								
Ţ\$,			Fundraising events								
ig ig			Related organizations				719,234.				
ns, Sim			Government grants (contril			9	719,234.				
utio er (Ť	All other contributions, gifts, g			_	10 720 027				
들 된			similar amounts not included a				12,739,837.				
out		_	Noncash contributions included in li		,	g \$	1,112,923.	12 450 071			
<u>0</u> 8		n	Total. Add lines 1a-1f				D	13,459,071.			
							Business Code	060 645	262 645		
e C	2	а	EVENT REVENUE				900099	268,647.	268,647.		
e Z		b									
S c		С									
s a		d									
Program Service Revenue		е									
₫		f	All other program service re	nue							
		g	Total. Add lines 2a-2f					268,647.			
	3		Investment income (includi	ing c	dividend	s, intere	st, and				
			other similar amounts)					740,435.		-6,900.	747,335.
	4		Income from investment of								
	5		Royalties								
					(i) R		(ii) Personal				
	6	а	Gross rents	6a							
				6b							
				6с							
			Not reptal income or (less)								
			Gross amount from sales of		(i) Sec		(ii) Other				
	•	_	assets other than inventory	7a	7,543	057.					
		h	Less: cost or other basis			•					
ø		~		7b	7,501	140.					
her Revenue		_		7c		,917.					
ě			Net gain or (loss)			•		41,917.			41,917.
<u>~</u>			Gross income from fundraisin					,			12,527.
	0	а		-	-	_					
Ò						'					
			contributions reported on I		•	0-					
			Part IV, line 18								
			Less: direct expenses								
			Net income or (loss) from for		-						
	9	а	Gross income from gaming								
			Part IV, line 19								
			Less: direct expenses								
			Net income or (loss) from g			ties					
	10	а	Gross sales of inventory, le								
			and allowances								
			Less: cost of goods sold								
\rightarrow		С	Net income or (loss) from s	ales	of inver	itory					
က္							Business Code	0-0			050
e e	11	а	OTHER INCOME				900099	250,729.			250,729.
Miscellaneous Revenue		b									
cell ev		С									
Ais		d	All other revenue								
		е	Total. Add lines 11a-11d					250,729.			
	12		Total revenue. See instruction	าร	<u></u>	<u></u>		14,760,799.	268,647.	-6,900.	1,039,981.

36-3976313

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	•	ĕxpenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	4 584 568	4 554 565		
	and domestic governments. See Part IV, line 21	1,571,567.	1,571,567.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	1 001 550	640.005	102 455	0.68 280
	trustees, and key employees	1,091,752.	640,925.	183,457.	267,370
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,525,808.	1,482,802.	424,435.	618,571
8	Pension plan accruals and contributions (include	F0 F0F	30 074	0.005	40.0=0
_	section 401(k) and 403(b) employer contributions)	52,585.	30,871.	8,836.	12,878
9	Other employee benefits	249,416.	146,422.	41,912.	61,082
10	Payroll taxes	237,235.	139,271.	39,865.	58,099
11	Fees for services (nonemployees):				
а	Management	00.165	0 515	11 255	0.055
b	Legal	22,165.	8,715.	11,375.	2,075
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	104 040		104.040	
f	Investment management fees	184,040.		184,040.	
g	Other. (If line 11g amount exceeds 10% of line 25,	006 470	264 000	407 400	06 740
	column (A), amount, list line 11g expenses on Sch 0.)	936,173.	361,980.	487,483.	86,710
12	Advertising and promotion	550,790.	523,302.	614.	26,874
13	Office expenses	-33,339.	-542.	-33,775.	978
14	Information technology	101,750.	1,654.	103,080.	-2,984
15	Royalties	654.050		654.050	
16	Occupancy	654,958.	225 007	654,958.	115 500
17	Travel	408,120.	225,887.	66,711.	115,522
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	554 645	201 250	20.006	154 150
19	Conferences, conventions, and meetings	574,617.	381,359.	39,086.	154,172
20	Interest				
21	Payments to affiliates	106 020		106.020	
22	Depreciation, depletion, and amortization	126,930.		126,930.	
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	MINI PITCH AGREEMENTS	2,775,369.	2,775,369.		
a b	IN KIND EXPENSES	1,112,458.	1,112,458.		
C	SOCCER FOR SUCCESS	277,821.	277,821.		
d	ALLOCATED OVERHEAD	0.	1,053,543.	-1,493,042.	439,499
	All other expenses	591,391.	253,096.	338,145.	150
25	Total functional expenses. Add lines 1 through 24e	14,011,606.	10,986,500.	1,184,110.	1,840,996
26	Joint costs. Complete this line only if the organization	, -, -,,	, , , , , , , , ,	, ,== , ,	, - , ,
_0	reported in column (B) joint costs from a combined				
	- οροιτοά τη σοιατιτή (D) John σοσιο ποιπ α σοιποιποα				

Form 990 (2022) Part X Balance Sheet

Pai	rt X	Balance Sneet					
		Check if Schedule O contains a response or	note to ar	ny line in this Part X	(A)		(B)
					Beginning of year		End of year
	1					1	
	2				3,998,212.	2	2,801,580
	3	Pledges and grants receivable, net			3,867,920.	3	2,762,847
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, substantial contributor, or 35%					
		controlled entity or family member of any of t	hese pers	sons		5	
	6	Loans and other receivables from other disqu	ıalified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describ	oed in sec	ction 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges		·····	213,908.	9	223,036
	10a	Land, buildings, and equipment: cost or othe	I				
		basis. Complete Part VI of Schedule D	10a	1,528,074.			
	b			-	757,277.	10c	630,347
	11	Investments - publicly traded securities			46,285,994.	11	52,806,945
	12	Investments - other securities. See Part IV, lin				12	
	13	Investments - program-related. See Part IV, lin	ne 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			63,421.	15	3,013,006
	16	Total assets. Add lines 1 through 15 (must equal line 33)			55,186,732.	16	62,237,761
	17 18	Accounts payable and accrued expenses			1,321,977.	17	1,366,999
		Grants payable			101,636.	18	101,636
	19	Deferred revenue			871,893.	19	34,824
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
es	22	Loans and other payables to any current or former officer, director,					
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%					
jab		controlled entity or family member of any of t		22			
_	23	Secured mortgages and notes payable to uni				23	0
	24	Unsecured notes and loans payable to unrela			68.	24	0 .
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	nes 1 <i>1-</i> 24). Complete Part X	1,322,599.	0-	A 110 211
	00	of Schedule D				25	4,118,311.
	26	Total liabilities. Add lines 17 through 25		re X	3,618,173.	26	5,621,770.
Ś		Organizations that follow FASB ASC 958, o	neck ner	e 🔼			
Fund Balances	07	and complete lines 27, 28, 32, and 33.			43,589,945.	07	45,544,416.
ala	27				7,978,614.	27 28	11,071,575.
d B	28	Net assets with donor restrictions			7,570,014.	20	11,071,373,
Ë		Organizations that do not follow FASB ASC	, 956, CH	eck nere			
	20	and complete lines 29 through 33.	do			20	
ets	29 30	Capital stock or trust principal, or current fun Paid-in or capital surplus, or land, building, or				30	
\ss						31	
Net Assets or	31 32	Retained earnings, endowment, accumulated			51,568,559.	32	56,615,991.
ž	33	Total liabilities and not assets/fund balances			55,186,732.	33	62,237,761.
	- 33	Total liabilities and net assets/fund balances			25,250,752.	33	Form 990 (2022

Form **990** (2022)

Pa	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,	760,	799.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,	011,	606.
3	Revenue less expenses. Subtract line 2 from line 1	3			193. 559.
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))4				
5	Net unrealized gains (losses) on investments 5				239.
6	Donated services and use of facilities 6				
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))		56,	615,	991.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Х
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,				
	review, or compilation of its financial statements and selection of an independent accountant?				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?				X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
			_	α	

Form **990** (2022)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022Open to Public

Inspection

Name of the organization **Employer identification number** UNITED STATES SOCCER FOUNDATION INC. 36-3976313 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	1,	, ,	• • •	` ,	, ,	
	membership fees received. (Do not						
	include any "unusual grants.")	9,408,080.	15,017,987.	9,181,041.	7,247,390.	13,459,071.	54,313,569.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	9,408,080.	15,017,987.	9,181,041.	7,247,390.	13,459,071.	54,313,569.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						11,606,215.
6	Public support. Subtract line 5 from line 4.						42,707,354.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	9,408,080.	15,017,987.	9,181,041.	7,247,390.	13,459,071.	54,313,569.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1,173,031.	1,733,135.	851,210.	624,008.	747,335.	5,128,719.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on					0.	
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	152,071.	737,427.	1,226,290.	164,954.	250,729.	2,531,471.
11	Total support. Add lines 7 through 10						61,973,759.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	2,645,363.
13	First 5 years. If the Form 990 is for th	e organization's firs	st, second, third, f	ourth, or fifth tax ye	ear as a section 50	01(c)(3)	
	organization, check this box and stop						
Sec	tion C. Computation of Publi	c Support Perc	entage				
14	Public support percentage for 2022 (li	ne 6, column (f), div	vided by line 11, c	olumn (f))		14	68.91 %
	Public support percentage from 2021					15	65.86 %
16a	33 1/3% support test - 2022. If the o	organization did not	check the box on	line 13, and line 1	4 is 33 1/3% or mo	ore, check this box	
	stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	s-and-circumstance	s test, check this	box and stop here	e. Explain in Part \	/I how the organiz	ation
	meets the facts-and-circumstances te	-	· ·	• • • •			
b	10% -facts-and-circumstances test						0% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circu		-		• • •		
18	Private foundation. If the organization	n did not check a b	ox on line 13, 16a	, 16b, 17a, or 17b,	, check this box ar	nd see instructions	

Schedule A (Form 990) 2022 UNITED STATES SOCCER FOUNDATION INC. Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
C	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		1		1		
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	•		· · · · · · · · · · · · · · · · · · ·			
80	check this box and stop here	a Cumpart Dar					
	<u> </u>			1 (6)		45	
	Public support percentage for 2022 (I					15	<u>%</u>
	Public support percentage from 2021 etion D. Computation of Inves					16	<u>%</u>
	•			no 12 polymp (f)		17	20
	Investment income percentage for 20					18	<u>%</u>
18	Investment income percentage from a 33 1/3% support tests - 2022. If the			on line 14, and line			7 is not
196							/ 19 IIUL
Į.	more than 33 1/3%, check this box ar		-	•	•		
į.	33 1/3% support tests - 2021. If the						
20	line 18 is not more than 33 1/3%, che Private foundation. If the organization						
20	Frivate iounication. Il the organization	in alla not check a	DOX OH III IC 14, 19	a, or 130, CHECK III	iio dux aitu see iits		

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- **c** Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Vaa	Na
	Yes	No
1		
2		
3a		
3b		
0-		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ju		
9b		
9c		
30		
10a		
10b		
le A (Forn	n 990)	2022

Pai	rt IV Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization?		
b	A family member of a person described on line 11a above?		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI.		
Sec	tion B. Type I Supporting Organizations		
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the examination expects for the heapfit of any supported examination other than the supported.		
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
Sec	supervised, or controlled the supporting organization. 2 tion C. Type II Supporting Organizations		
566	tion of Type it oupporting Organizations		Τ
_		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
800	the supported organization(s). tion D. All Type III Supporting Organizations		
Sec	tion b. All Type in Supporting Organizations	T.,	Τ
		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a		
	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		
	supported organizations played in this regard.		
Sec	tion E. Type III Functionally Integrated Supporting Organizations		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction	on <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		
	those supported organizations and explain how these activities directly furthered their exempt purposes,		
	how the organization was responsive to those supported organizations, and how the organization determined		
	that these activities constituted substantially all of its activities.		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in		
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in		
	these activities but for the organization's involvement.		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		
u	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.		
b			
D	of its supported organizations? If "Ves " describe in Part VI the role played by the organization in this regard		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ing Organi	zations			
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.		
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-function		d Type III supporting orga	nization (see		
-	instructions)					

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 UNITED STATES SOCCER FOUNDATION INC. 36-3976313 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Par		(a)(3) Supporting Orga	nizations _{(continu}	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer			1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3_	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	j	3	
4	Amounts paid to acquire exempt-use assets	Dowt VII)		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	(:)	(::\	10	/:::\
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i_	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
С	Excess from 2020				
d	Excess from 2021				

Schedule A (Form 990) 2022

e Excess from 2022

Schedule A (Form 990) 2022 UNITED STATES SOCCER FOUNDATION INC.	36-3976313	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional (See instructions.)	s 1 and 2; Part IV, Sectio t V, Section B, line 1e; P	on C,
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:		
OTHER INCOME FROM EXEMPT ACTIVITIES		
2018 AMOUNT: \$ 151,071.		
2019 AMOUNT: \$ 152,280.		
2020 AMOUNT: \$ 111,437.		
2021 AMOUNT: \$ 164,954.		
2022 AMOUNT: \$ 250,729.		
INCOME FROM FUNDRAISING EVENTS		
2018 AMOUNT: \$ 1,000.		
INSURANCE PROCEEDS		
2019 AMOUNT: \$ 585,147.		
2020 AMOUNT: \$ 1,114,853.		
	-	

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Employer identification number

2022

UNITED STATES SOCCER FOUNDATION INC. 36-3976313 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990). LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990) (2022) Name of organization

Employer identification number

UNITED STATES SOCCER FOUNDATION INC.

36-3976313

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1		\$\$\$\$	Person X Payroll Noncash X (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
2		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
3		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
4		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
5		\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash Complete Part II for	

Name of organization

Employer identification number

UNITED STATES SOCCER FOUNDATION INC.

36-3976313

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	SOCCER EQUIPMENT		
1			
		\$	06/30/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	LIGHTING FACILITIES		
3			
		\$	06/30/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of organization **Employer identification number** UNITED STATES SOCCER FOUNDATION INC. 36-3976313 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

UNITED STATES SOCCER FOUNDATION INC.

Employer identification number 36 - 3976313

Pai	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	·			
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	sed funds			
_	are the organization's property, subject to the organization's	-				
6	Did the organization inform all grantees, donors, and donor a					
_	for charitable purposes and not for the benefit of the donor of					
Pai						
1	Purpose(s) of conservation easements held by the organization		·			
-	Preservation of land for public use (for example, recrea		f a historically important land area			
	Protection of natural habitat	·	f a certified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last			
	day of the tax year.		Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
	Number of conservation easements on a certified historic stru					
	Number of conservation easements included in (c) acquired a					
	historic structure listed in the National Register		2d			
3	Number of conservation easements modified, transferred, rele					
	year	,				
4	Number of states where property subject to conservation eas	sement is located				
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of				
	violations, and enforcement of the conservation easements it		Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting,					
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	ation easements during the year			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?		Yes No			
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and			
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statem	ents that describes the			
_	organization's accounting for conservation easements.					
Pai	t III Organizations Maintaining Collections of		ther Similar Assets.			
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement a	and balance sheet works			
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in fu	urtherance of public			
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these iten	ns.			
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and	balance sheet works of			
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	herance of public service,			
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1					
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, historical treatments	asures, or other similar assets for financia				
	the following amounts required to be reported under FASB A	3				
а	Revenue included on Form 990, Part VIII, line 1		\$			
h	Assets included in Form 900, Part V		¢.			

Par	t III Organizations Maintaining Co	llections of Ar	t, Historical Tre	easures, or Ot	her Simi	lar Assets	(contin	ued)
3	Using the organization's acquisition, accession	n, and other record	s, check any of the	following that mak	e significar	nt use of its	•	
	collection items (check all that apply):		•	-	-			
а	Public exhibition	d	Loan or exc	change program				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's colle	ections and explair	n how they further t	he organization's e	exempt pur	oose in Part	XIII.	
5	During the year, did the organization solicit or	•	•	-				
	to be sold to raise funds rather than to be mair		•	·			Yes	☐ No
Par	t IV Escrow and Custodial Arrange						ine 9, or	
	reported an amount on Form 990, Part		· ·				,	
1a	Is the organization an agent, trustee, custodiar	n or other intermed	iary for contribution	s or other assets r	not included	t		
	on Form 990, Part X?						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII ar							
		·	· ·				Amount	
С	Beginning balance				10	;		
d	Additions during the year					ı		
е	Distributions during the year					,		
f	Ending balance					:		
2a	Did the organization include an amount on For						Yes	☐ No
	If "Yes," explain the arrangement in Part XIII. C							
Par								
	·	(a) Current year	(b) Prior year	(c) Two years bac	ck (d) Thre	e years back	(e) Four	years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the currer	nt year end balance	e (line 1g, column (a	i)) held as:	'			
а	Board designated or quasi-endowment	•	%					
b	Permanent endowment	%						
С	Term endowment %	 1						
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.						
За	Are there endowment funds not in the possess	sion of the organiza	tion that are held a	nd administered fo	or the			
	organization by:							Yes No
	(i) Unrelated organizations						3a(i)	
	(ii) Related organizations						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization						3b	
4	Describe in Part XIII the intended uses of the o	rganization's endo	wment funds.					
Par	t VI Land, Buildings, and Equipme	nt.						
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11a. S	See Form 990, Par	t X, line 10.			
	Description of property	(a) Cost or o	ther (b) Cos	t or other (d	c) Accumul	ated	(d) Book	value
		basis (investr	nent) basis	(other)	depreciation	on		
1a	Land							
b	Buildings							
С	Leasehold improvements		1	,276,985.	75	0,215.		526,770.
d	Equipment			251,089.	14	7,512.		103,577.
<u>e</u>	Other							
Total	. Add lines 1a through 1e. (Column (d) must eau	ual Form 990. Part	X. column (B), line 1	10c.)			_	630,347.

Concadio D (i citii ccc) LCLL	CCER FOUNDATION INC.	3	6-3976313	Page 3
Part VII Investments - Other Securities. Complete if the organization answered "Yes"	on Form 000 Bort IV line 1	1h Coo Form 000 Port V line 10		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d of waar markat	. volue
(A) E' (1) 1 1 1 1 1	(b) BOOK Value	(c) Method of Valuation. Cost of en	u-or-year market	value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 000 Part IV line 1	1c Soc Form 990 Part V line 13		
	(b) Book value		d of year market	volue
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	u-oi-year market	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.				
	on Form 000 Port IV line 1	1d Coo Form 000 Port V line 15		
Complete if the organization answered "Yes"		1d. See Form 990, Part X, line 15.	(h) Dook	
	Description		(b) Book	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	: 15.)			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25		
1. (a) Description of liability			(b) Book	value
(1) Federal income taxes				
(2) LEASE LIABILITY			4,	118,311.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
			1	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

4,118,311.

(9)

36-3976313

Pai	rt XI Reconciliation of Revenue per Audited Financial State	ements With F	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	18,874,998.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а	Net unrealized gains (losses) on investments		4,298,239.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	4,298,239.
3	Subtract line 2e from line 1			3	14,576,759.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	184,040.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	184,040.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		<u></u>	5	14,760,799.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta		Expenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	13,827,566.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d					
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	13,827,566.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	184,040.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	184,040.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	14,011,606.
Pa	rt XIII Supplemental Information.				
Provi	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b a	nd 2b; Part V, line 4	; Part X, I	ine 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional inform	ation.		
PART	Y X, LINE 2:				
THE	FOUNDATION IS ORGANIZED AS A NONPROFIT CORPORATION AND HAS	BEEN			
RECO	OGNIZED BY THE INTERNAL REVENUE SERVICE (IRS) AS EXEMPT FRO	M FEDERAL			
INCC	OME TAXES UNDER INTERNAL REVENUE CODE (IRC) SECTION 501(A)	AS AN			
ORGA	ANIZATION DESCRIBED IN IRC SECTION 501(C)(3), QUALIFIES FOR	THE			
CHAF	RITABLE CONTRIBUTION DEDUCTION UNDER IRC SECTION 509(A)(1).	THE			
FOUN	DATION IS ANNUALLY REQUIRED TO FILE A RETURN OF ORGANIZATION	ON EXEMPT			
FORM	I INCOME TAX (FORM 990) WITH THE IRS. IN ADDITION, THE FOUN	DATION IS			
	·				
SUBJ	JECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSIN	IESS			
ACTI	VITIES THAT ARE UNRELATED TO ITS EXEMPT PURPOSE.				

Schedule D	(Form 990) 2022	UNITED STATES SO	OCCER FOUNDATION	INC.	36-3976313	Page 5
Part XIII	(Form 990) 2022 Supplemental Infor	mation (continued)				
		(continued)				

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Employer identification number

UNITED STATES SOCCER FO			aide the Heited Otetes		36-3976313	
· · · · · · · · · · · · · · · · · · ·		ctivities Out	side the United States. Comple	ete if the organ	ization answered "`	Yes" on
Form 990, Part IV		maintain racer	ds to substantiate the amount of its grai	nto and other	aggietance	
-	-		he selection criteria used to award the			Yes No
2 For grantmakers. Desc United States.	ribe in Part V the	e organization's p	procedures for monitoring the use of its	grants and otl	her assistance outs	ide the
	ne following Part	L line 3 table ca	n be duplicated if additional space is no	eeded)		
(a) Region	(b) Number of offices in the region		(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activise is a prog describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
		in the region				
CENTRAL AMERICA AND						
THE CARIBBEAN	0	0	INVESTMENTS			2,263,871.
EUROPE (INCLUDING						
ICELAND & GREENLAND)	0	0	INVESTMENTS			8,338,053.
3 a Subtotal	0	0				10,601,924.
b Total from continuation sheets to Part I	0	0				0.
c Totals (add lines 3a and 3b)	0	0				10,601,924.

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States.	Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any
recipient who received more than \$5,000. Part II can be duplicated if additional space is n	eeded.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			recognized as charities by the f			_		1
			or counsel has provided a sect					

Schedule F (Form 990) 2022	NITED STATES SOCC	ER FOUNDATION	INC.		36-3976313		Page :
Part III Grants and Other Assistance	ce to Individuals Outsi	de the United Sta	ates. Complete i	f the organization answered "Yes	" on Form 990, Part I	V, line 16.	
Part III can be duplicated if a	dditional space is need	ed.					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV	Foreign Forms	

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	X Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2022

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

2022
Open to Public

Inspection

Name of the organization UNITED STATES	SOCCER FOUNDA	ATION INC.					Employer identification number 36-3976313
Part I General Information on Grants ar	nd Assistance						
Does the organization maintain records to criteria used to award the grants or assist Describe in Part IV the organization's property of the property	tance? cedures for monit Oomestic Organia	oring the use of grant	funds in the United	States.			X Yes N
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACTIVE CHILDREN PORTLAND 2405 SE 11TH AVENUE PORTLAND, OR 97214	45-2474481	501(C)(3)	22,000.	3,166.	FMV	SOCCER MATERIALS/EQUIP	SOCCER YOUTH PROGRAM
AFTER-SCHOOL ALL-STARS SOUTH FLORIDA - 11200 SW 8TH STREET. ZEB 313. MIAMI. FL. 33199 MIAMI, FL 33222	65-0715767		7,900.	2,197.		SOCCER MATERIALS/EQUIP MENT	SOCCER YOUTH PROGRAM
BOYS & GIRLS CLUBS OF MERCER COUNTY - 212 CENTRE STREET - TRENTON, NJ 08611	21-0634556	501(C)(3)	22,000.	2,000.	FMV	SOCCER MATERIALS/EQUIP MENT	SOCCER YOUTH PROGRAM
BOYS & GIRLS CLUBS OF THE PENINSULA - 401 PIERCE ROAD - MENLO PARK, CA 94061	94-1552134	501(C)(3)	7,000.	3,000.	FMV	SOCCER MATERIALS/EQUIP MENT	SOCCER YOUTH PROGRAM
BOSTON SCORES 29 GERMANIA ST. BOSTON, MA 02130	04-3482756	501(C)(3)	22,000.	13,958.	FMV	SOCCER MATERIALS/EQUIP MENT	SOCCER YOUTH PROGRAM
BOYS & GIRLS CLUBS OF THE CAPITAL AREA - TROY BOYS & GIRLS CLUB, 1700 7TH AVE., - TROY, NY 12810	14-1338574	501(C)(3)	15,000.	1,000.	FMV	SOCCER MATERIALS/EQUIP MENT	SOCCER YOUTH PROGRAM
 Enter total number of section 501(c)(3) and Enter total number of other organizations 	•	•	******				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2022

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	overnments (Sch	nedule I (Form 990), Pa	art II.)	ı
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS OF WHITTIER						SOCCER	
7905 S GREENLEAF AVE						MATERIALS/EQUIP	
WHITTIER, CA 90602	95-6151763	501(C)(3)	3,000.	10,389.	FMV	MENT	SOCCER YOUTH PROGRAM
BROTHERHOOD CRUSADE						SOCCER	
200 E SLAUSON AVENUE						MATERIALS/EQUIP	
LOS ANGELES, CA 90011	95-2543819	501(C)(3)	68,702.	6,298.	FMV	MENT	SOCCER YOUTH PROGRAM
CHESTER UPLAND YOUTH SOCCER						SOCCER	
311 EAST BALTIMORE AVE, SUITE 300						MATERIALS/EQUIP	
MEDIA, PA 19063	56-2564695	501(C)(3)	22,000.	6,770.	FMV	MENT	SOCCER YOUTH PROGRAM
CITY OF MIAMI GARDENS						SOCCER	
18605 NW 27TH AVENUE						MATERIALS/EQUIP	
MIAMI GARDENS, FL 33056		MUNICIPALITY	2,050.	5,345.	FMV	MENT	SOCCER YOUTH PROGRAM
COLUMBUS RECREATION & PARKS						SOCCER	
1111 EAST BROAD STREET STE 203 COLUMBUS, OH 43215	83-1310416	MUNICIPALITY	10,171.	0.	FMV	MATERIALS/EQUIP MENT	SOCCER YOUTH PROGRAM
			,				
DC SCORES						SOCCER	
1140 CONNECTICUT AVENUE NW 1200						MATERIALS/EQUIP	
WASHINGTON, DC 20036	52-2230721	501(C)(3)	30,000.	0.	FMV	MENT	SOCCER YOUTH PROGRAM
DETROIT POLICE ATHLETIC LEAGUE						SOCCER	
INC 1680 MICHIGAN AVENUE -						MATERIALS/EQUIP	
DETROIT, MI 48216	38-3314318	501(C)(3)	158,566.	3,762.	FMV	MENT	SOCCER YOUTH PROGRAM
NYC DEPARTMENT OF YOUTH AND						SOCCER	
COMMUNITY DEVELOPMENT - 2						MATERIALS/EQUIP	
LAFAYETTE ST - NEW YORK, NY 10007		MUNICIPALITY	15,000.	39,060.	FMV	MENT	SOCCER YOUTH PROGRAM
CALIFORNIA COMMUNITY FOUNDATION						SOCCER	
717 W TEMPLE STREET						MATERIALS/EQUIP	
LOS ANGELES, CA 90012	95-3510055	501(C)(3)	145,778.	3,412.	FMV	MENT	SOCCER YOUTH PROGRAM

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLIPANY 2860 WEST STATE ROAD 84 DANIA BEACH, FL 33312	87-0743538	501(C)(3)	53,100.	10,862.	FMV	SOCCER MATERIALS/EQUIP MENT	SOCCER YOUTH PROGRAM
SOCCER FOR PEACE FOUNDATION INC 16690 COLLINS AVENUE 1004 SUNNY ISLES BEACH, FL 33160	42-1753892	501(C)(3)	19,300.	0.	FMV	SOCCER MATERIALS/EQUIP MENT	SOCCER YOUTH PROGRAM
GREATER PHILADELPHIA YMCA 11088 KNIGHTS ROAD PHILADELPHIA, PA 19154	21-0634482	501(C)(3)	15,000.	7,658.	FMV	SOCCER MATERIALS/EQUIP MENT	SOCCER YOUTH PROGRAM
HOUSTON PARKS & RECREATION 2999 SOUTH WAYSIDE HOUSTON, TX 77023		MUNICIPALITY	131,989.	389.	FMV	SOCCER MATERIALS/EQUIP MENT	SOCCER YOUTH PROGRAM
ILLINOIS 4-H HOUSE ASSOCIATION 105 NORTH MAIN STREET PO BOX 522 ST JOSEPHS, IL 61873	37-6046465	501(C)(7)	4,000.	2,229.	FMV	SOCCER MATERIALS/EQUIP MENT	SOCCER YOUTH PROGRAM
ILLINOIS YOUTH SOCCER 1655 SOUTH ARLINGTON HEIGHTS ROAD ARLINGTON HEIGHTS, IL 60005	36-2913490	501(C)(3)	60,000.	246.	FMV	SOCCER MATERIALS/EQUIP MENT	SOCCER YOUTH PROGRAM
INDEPENDENT HEALTH FOUNDATION 300 ESSJAY RD WILLIAMSVILLE, NY 14221	16-1417199	501(C)(3)	22,000.	10,165.	FMV	SOCCER MATERIALS/EQUIP MENT	SOCCER YOUTH PROGRAM
JT DORSEY FOUNDATION 1014 CHERRINGTON DRIVE HARRISBURG, PA 17110	20-5357814	501(C)(3)	22,000.	2,000.	FMV	SOCCER MATERIALS/EQUIP MENT	SOCCER YOUTH PROGRAM
MATTIE RHODES CENTER 1740 JEFFERSON KANSAS CITY, MO 64108	44-0546343	501(C)(3)	60,000.	0	FMV	SOCCER MATERIALS/EQUIP MENT	SOCCER YOUTH PROGRAM

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DEPARTMENT OF HEALTH AND PHYSICAL							
EDUCATION NEWARK BOARD OF						SOCCER	
EDUCATION - 765 BROAD STREET -						MATERIALS/EQUIP	
NEWARK, NJ 07102	22-6002140	MUNICIPALITY	22,000.	7,993.	FMV	MENT	SOCCER YOUTH PROGRAM
CITY OF NORTH MIAMI PARKS AND						SOCCER	
RECREATION DEPARTMENT - 12300 NE						MATERIALS/EQUIP	
TH AVE - NORTH MIAMI, FL 33161		MUNICIPALITY	4,800.	4,311.	FMV	MENT	SOCCER YOUTH PROGRAM
SIMPLE FOUNDATION						SOCCER	
3003 Q ST						MATERIALS/EQUIP	
OMAHA, NE 68107	46-5272775	501(C)(3)	7,000.	6,594.	FMV	MENT	SOCCER YOUTH PROGRAM
GC WAKE COUNTY						SOCCER	
701 N RALEIGH BOULEVARD						MATERIALS/EQUIP	
RALEIGH NC 27610	56-0863051	501(C)(3)	22,000.	7,987.	EM7	MENT	SOCCER YOUTH PROGRAM
didicin, Ne 27010	30 0003031	301(0)(3)	22,000.	7,307.	1117	FILINI	DOCCER TOUTH TROOKIN
NASHINGTON YOUTH SOCCER						SOCCER	
7100 FORT DENT WAY #215						MATERIALS/EQUIP	
TUKWILA, WA 98188	23-7303150	501(C)(3)	22,000.	15,353.	FMV	MENT	SOCCER YOUTH PROGRAM
MMCA OF SOUTH FLORIDA						SOCCER	
351 NW 5TH STREET	50 0604450	504 (5) (3)	04.744	4 242		MATERIALS/EQUIP	
MIAMI, FL 33128	59-0624450	501(C)(3)	84,714.	1,312.	FMV	MENT	SOCCER YOUTH PROGRAM

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information re	equired in Part I, lin	e 2; Part III, columr	n (b); and any other ac	ditional information.	
PART I, LINE 2:					
GRANT APPLICATIONS ARE REVIEWED INTERNALLY AND CO	MPARED TO THE	FOUNDATION'S			
CRITERIA. APPLICATIONS THAT MEET THE CRITERIA AR	E IDENTIFIED A	ND			
RECOMMENDED TO THE BOARD FOR APPROVAL. AFTER A GR	ANT HAS BEEN A	WARDED, THE			
GRANTEE IS REQUIRED TO SUBMIT REGULAR REPORTING T	O THE FOUNDATI	ON. SITE			
VISITS ARE DONE REGULARLY BY FOUNDATION STAFF.					

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

UNITED STATES SOCCER FOUNDATION INC.

Employer identification number 36-3976313

Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	1.0		
_	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
	trastees, and officers, including the OLO/Executive Director, regarding the items checked of fine has			
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
Ū	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
3	contingent on the revenues of:			
9	The organization?	5a		Х
h		5b		X
D	Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	35		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
5	contingent on the net earnings of:			
a		6a		Х
	The organization? Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.	0.0		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
•	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
5	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	3		
•	Regulations section 53.4958-6(c)?	9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) ED FOSTER-SIMEON	(i)	399,368.	50,000.	9,525.	17,287.	71,143.	547,323.	0.	
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) ROBERT KALER	(i)	275,040.	13,550.	828.	11,544.	39,276.	340,238.	0.	
COO & GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) VIGINIA EHRLICH	(i)	242,915.	12,000.	0.	10,224.	11,525.	276,664.	0.	
CHIEF REVENUE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) SARAH PICKENS	(i)	160,869.	7,570.	180.	6,377.	17,042.	192,038.	0.	
ASSOCIATE VP OF PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) JENNIFER ARNOLD	(i)	161,625.	7,500.	152.	6,765.	5,789.	181,831.	0.	
ASSOCIATE VP OF MARKETING & COMM	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
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	(i)								
	(ii)								

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

UNITED STATES SOCCER FOUNDATION INC. 36-3976313 **Types of Property** Part I (a) (b) (c) (d) Number of Noncash contribution Check if Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded Securities - Closely held stock 10 Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles Food inventory 19 Drugs and medical supplies 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 (LIGHTING EQUIPM Х 49 996 900 FMV 25 Other 116,023, FMV SOCCER EQUIPMEN Х 57 26 Other 27 Other (28 Other Number of Forms 8283 received by the organization during the tax year for contributions 0 for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for Х exempt purposes for the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X contributions? 32a If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33 describe in Part II.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. LHA

Schedule M (Form 990) 2022

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

UNITED STATES SOCCER FOUNDATION INC

Inspection **Employer identification number** 36-3976313

ONTING DIMING DOCCIN TOUNDATION INC.	30 3370313
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
TO ENHANCE, ASSIST, AND GROW THE SPORT OF SOCCER IN THE UNITED STATES	
WITH A SPECIAL EMPHASIS ON UNDESERVED COMMUNITIES.	
FORM 990, PART VI, SECTION A, LINE 6:	
THE ORGANIZATION HAS ONE CLASS OF MEMBER.	
FORM 990, PART VI, SECTION A, LINE 7A:	
THERE IS ONE VOTE PER MEMBER.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE SENIOR DIRECTOR, FINANCE & ADMINISTRATION, CHIEF OPERATING OFFICER &	
GENERAL COUNSEL AND PRESIDENT & CEO OF FOUNDATION WILL REVIEW THE 990	
DRAFT. FOLLOWING THEIR REVIEW, THE 990 DRAFT WILL BE SENT TO THE AUDIT	
COMMITTEE AND BOD FOR FINAL REVIEW PRIOR TO FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE ORGANIZATION ASKS THE COMMITTEES, BOARD OF DIRECTORS - AS WELL AS STAFF	
- TO REVIEW THE CONFLICT OF INTEREST POLICY AND COMPLETE THE ASSOCIATED	
CONFLICT OF INTEREST FORM ON AN ANNUAL BASIS.	
FORM 990, PART VI, SECTION B, LINE 15:	
FOR THE PERIOD OF THIS 990 THE BOARD CURRENTLY APPROVES A SALARY INCREASE	
TO THE CEO OF AT LEAST THE CPI FOR THE YEAR FOR THE GEOGRAPHIC LOCATION.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:	

Schedule O (Form 990) 2022	Page 2
Name of the organization UNITED STATES SOCCER FOUNDATION INC.	Employer identification number 36-3976313
AL,AK,AZ,AR,CA,CT,FL,GA,IL,KS,KY,ME,MD,MA,MI,MN,MS,MO,NH,NJ,NM,NY,NC,ND,OH	
OK,OR,PA,RI,SC,TN,UT,VA,WA,WI,CO,WV	
FORM 990, PART VI, SECTION C, LINE 19:	
FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS	
ARE AVAILABLE UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH	
IN SECTION 6104(D).	
FORM 990, PART XII, LINE 2C:	
THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND	
SELECTION OF AN INDEPENDENT ACCOUNTANT THAT AUDITED THE FINANCIAL	
STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEARS.	